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Bib Data Sheet

CONFIRMATION NO. 3332

SERIAL NUMBER 10/664,171	FILING DATE 09/16/2003 RULE	CLASS 606	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. 13854.4002
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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** 12/10/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged				
Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>			

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TITLE

Method and apparatus for localized drug delivery

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)